



**THE LITTLE HEART  
HEROES FUND**

## 2026 Little Heart Heroes Mini Camp Application

Applicant Information		
Last Name:	First Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth:	AHC #:	Phone:
Current address:		
City:	Province:	Postal Code:
Weight (kg):	Diagnosis:	
Parent Guardian Information * Please attach any copy of legal documents that relate to custody		
Custody status: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Crown ward <input type="checkbox"/> Other <input type="checkbox"/>		
Primary Contact: Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>		Relationship to camper:
Last Name:	First Name:	Email:
Address:	City:	Postal Code:
Home number:	Cell number:	Work Number:
Secondary Contact: Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>		Relationship to camper:
Last Name:	First Name:	Email:
Address:	City:	Postal Code:
Home number:	Cell number:	Work Number:
Medical Background		
Cardiac Diagnosis:		
Surgeries:		
Last Hospitalization (date, diagnosis, treatment required):		
Immunizations status up to date: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Pediatrician name:		Cardiologist Name:
Asthma: Yes <input type="checkbox"/> No <input type="checkbox"/>		



Oxygen Requirements: Room Air  Nasal Cannula (Home Oxygen)  CPAP

Describe (L/min and availability to provide a full day's supply of oxygen):

### Bowel/Bladder Routine

Is the camper independent in toileting? Yes  No

Does the camper need reminders? Yes  No

Is the camper on a toileting schedule? Yes  No

Does the camper have bladder control: Yes  No

Does the camper require the following? Pull-ups: Yes  No  Suppositories: Yes  No  Enemas: Yes  No

### Diet and Eating Habits

*Little Heart Heroes provides a Peanut and Nut **aware** environment.*

Diet: Regular  Vegetarian  Celiac  Other

Texture: Regular  Bite sized  Pureed

G-Tube Feeds (include feeding schedule): pump  syringe  gravity  Formula:

Eating Habits: Average  Picky  How long does it take the camper to eat? (minutes): \_\_\_\_\_

Difficulties with: None  Swallowing  Chewing  Drinking

Does the camper: Get pale, sweaty, or choke with eating?  Sound congested or mucousy after eating?

### Communication with Camp Staff

Verbal? Yes  No  If non-verbal: Has consistent YES/NO: Yes  No  (please describe)

Camper understands what is said to him/her? Yes  No

Camper is able to express his/her needs to camp staff? Yes  No

Wears: Glasses  Hearing aids  Contact lenses

### Mental, Emotional, Learning and Social Health

1. Has been diagnosed with a condition that impacts learning (ADHD, sensory processing disorder?) Yes  No

2. Has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder? Yes  No

3. Has an emotional health concern (specify)? Yes  No

4. During the past academic year, saw or is currently seeing a professional to address mental/emotional concerns? Yes  No

**If you answered yes to any of the statements above please attach more information that addresses the following:**

- Suggestions to help facilitate your child's participation in this program

5. Has had a significant life event that continues to affect their life? Yes  No

*If you answered yes to question 5 please attach written information about the event (death of a loved one, family change, divorce, adoption), its impact on your child's life, and care tips for cabin staff.*

Check any types of behaviors that apply to the camper:

No unusual behavior  Wanders/runs away  Temper Tantrums  Physically aggressive  
 Self-injurious  Verbally aggressive  Other  Withdrawn/Shy

Please explain and checked behaviors and their frequency and methods of dealing with these behaviors:

\_\_\_\_\_

Are there any camp activities that must be avoided:

Has the camper ever been away from home before? Yes  No

Is homesickness anticipated? Yes  No

Please explain:

Does the camper most easily make friends with children who are Older  Younger  Same age

Does the camper most enjoy spending time: Alone  In groups  Both

Does the camper elicit behaviors that will require 1:1 supervision?    Yes  No

Have we forgotten anything? We are particularly interested in any information that has impact on your child's ability to fully participate in our program. Attach additional information if needed. \_\_\_\_\_

**Consent:**

All Little Heart Heroes Fund and Heart Heroes Camp programming is funded through generous donations from individuals and businesses. Without these donations, we would not be able to offer high quality, cost-free recreational programs. By signing below, you agree that we are permitted to take and use photos and video of your child at camp to help promote the Little Heart Heroes Fund and Heart Heroes Camp.

*CONSENT: I acknowledge that I have thoroughly read and understand the camper criteria for 2026. I acknowledge that to the best of my knowledge, the information on this application form is correct. I agree to inform Little Heart Heroes of any changes to my child's medical condition prior to the start of camp. To meet your child's needs I give permission for the personal information collected in this application to be shared with the staff members who will care for my child.*

Name of Parent/Guardian:

Date:

Signature of Parent/Guardian:

Date:

**Completed applications can be sent to:**

[heartheroescamp@gmail.com](mailto:heartheroescamp@gmail.com)

**If you are having difficulty with online submission, applications can be dropped off to:**

**Dr. Rehana Chatur**

**11044 82 Avenue NW Suite 205**

**Edmonton AB T6G 0T2**